

## PATIENT

Russell Panagapko

## SPECIES

Canine

## BREED

Wolfhound Mix

## SEX

MN

## AGE

7Y

## WEIGHT

54.4kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Dr. Lacovides

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Pura

## INVOICE

75311

## DATE

6-4-26

## PRESENTING CLINICAL SIGNS

3d history of decreased thirst and appetite and lethargy. Vomited once and had 1 bout of diarrhea 3d ago. Mild weight loss.

Meds:

Cerenia 160mg - 1/2 tab PO SiD Mirtazapine 30mg - 1/2 tab PO SiD

Abnormal PE/Chem/CBC/UA Results: 3 view thoracic radiographs - No evidence of metastasis noted 2 view abdominal radiographs - large mid-abdominal ST opacity mass CBC - mild normocytic, normochromic anemia (HCT 33.6%) CHEM - Mild hyperglobulinemia, otherwise NSF.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.9 cm in length. The right kidney measured 8.4 cm in length.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole.

The right adrenal gland was overtly normal in size, position, and shape measuring 0.6 cm width at the caudal pole.

### *Spleen*

The spleen was enlarged with mild splenic folding and mild nonhomogeneous splenic parenchyma. A mildly expansive yet noncapsule deforming nonhomogeneous hypoechoic splenic nodule was present measuring 1.2 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

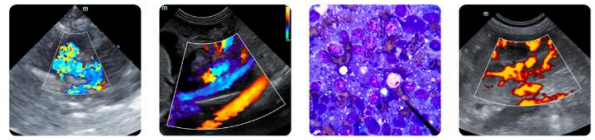
### *Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*



<b>PATIENT</b>	The stomach presented a mildly thickened pylorus wall. The lumen of the stomach was empty with mild lumen gas and without evidence of retained ingesta, fluid, or foreign material. The pylorus wall measured 0.67 cm.
Russell Panagapko	
<b>SPECIES</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.37 cm. The jejunum wall measured 0.30 cm.
Canine	
<b>BREED</b>	The colon walls presented intact yet mildly thickened wall layering. Semiformed to soft fecal matter was present in the colon lumen consistent with the patient's history. The descending colon wall measured 0.26 cm.
Wolfhound Mix	
<b>SEX</b>	<b><i>Pancreas</i></b>
MN	The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
7Y	No overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
54.4kg	<ul style="list-style-type: none"> <li>• Enlarged mildly folded nonhomogeneous focal nodular spleen – hyperplasia, hematopoiesis, inflammation, sedation if clinically indicated, neoplasia possible.</li> <li>• Mildly thickened pylorus wall, sonographically unremarkable empty small intestine.</li> <li>• Mildly thickened colon with semiformed to soft fecal matter.</li> <li>• Normal area of the pancreas.</li> </ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Assuming normal clotting status and using a 25-gauge needle, splenic FNA cytology is recommended for further assessment.
<b>IMAGING PERFORMED BY</b>	The appearance of the gastrointestinal tract is non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease, mild pancreatitis, occult parasitism, occult Addison's Disease, occult neoplasia, or other.
Dr. Lacovides	
<b>HOSPITAL NAME</b>	A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and cortisol level are recommended.
Tuxedo Animal Hospital	
<b>REFERRING VET</b>	Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), and as needed gastroprotectants are suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.
Dr. Pura	
<b>INVOICE</b>	Sonographic monitoring of the gastrointestinal tract is indicated if continued or nonresponsive gastrointestinal signs.
75311	
<b>DATE</b>	
6-4-26	



## PATIENT

Russell Panagapko

## SPECIES

Canine

## BREED

Wolfhound Mix

## SEX

MN

## AGE

7Y

## WEIGHT

54.4kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Dr. Lacovides

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

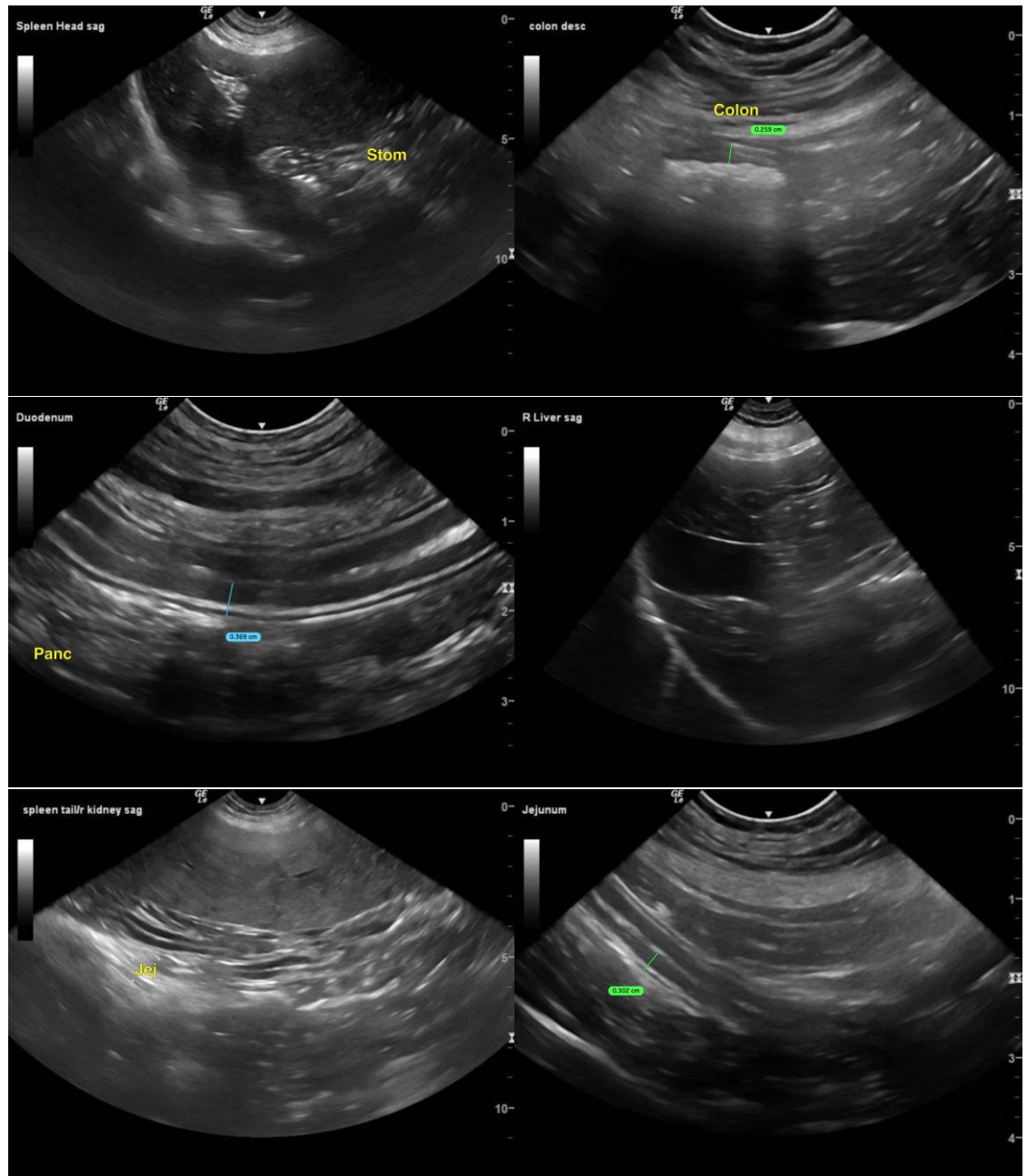
Dr. Pura

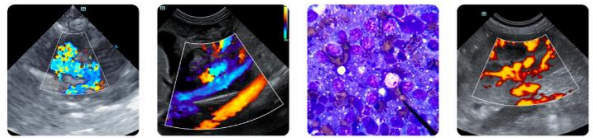
## INVOICE

75311

## DATE

6-4-26





## PATIENT

Russell Panagapko

## SPECIES

Canine

## BREED

Wolfhound Mix

## SEX

MN

## AGE

7Y

## WEIGHT

54.4kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Dr. Lacovides

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

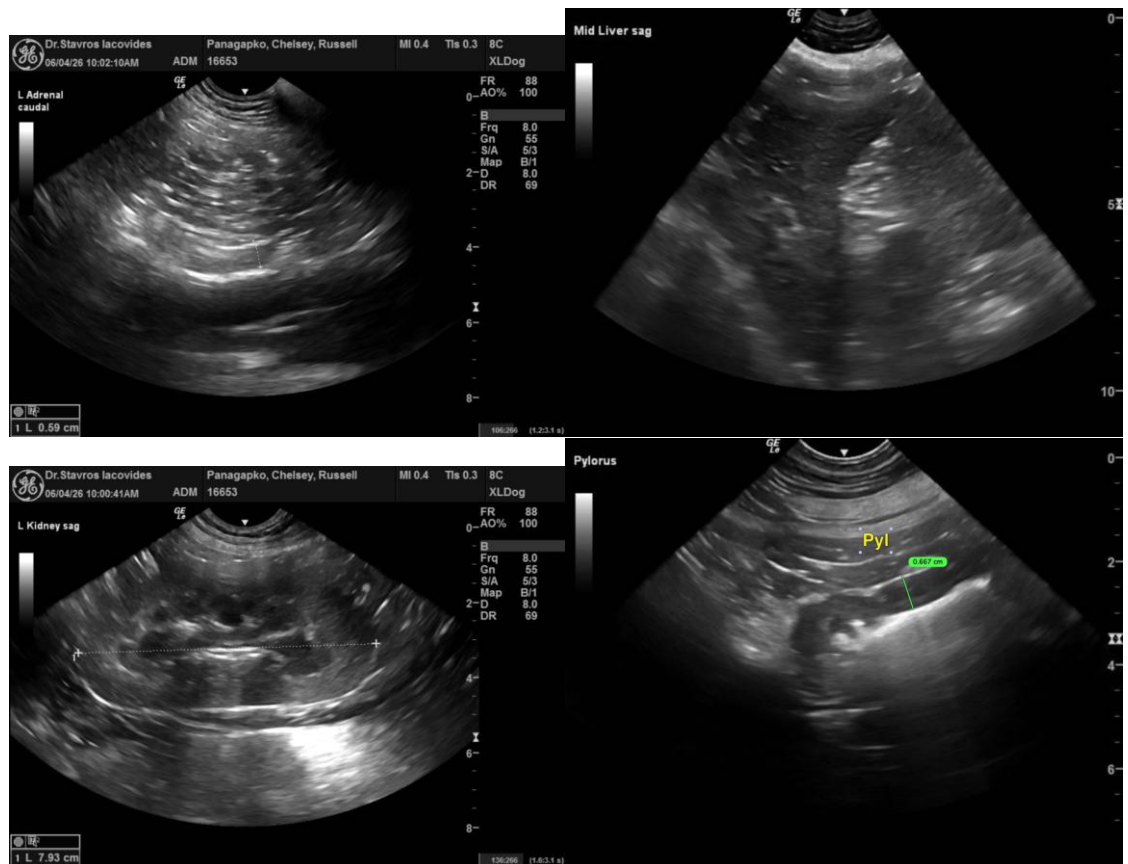
Dr. Pura

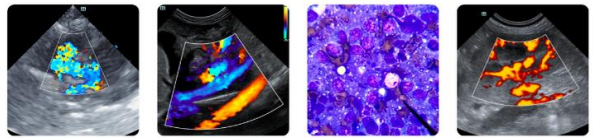
## INVOICE

75311

## DATE

6-4-26





## PATIENT

Russell Panagapko

## SPECIES

Canine

## BREED

Wolfhound Mix

## SEX

MN

## AGE

7Y

## WEIGHT

54.4kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Dr. Iacovides

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

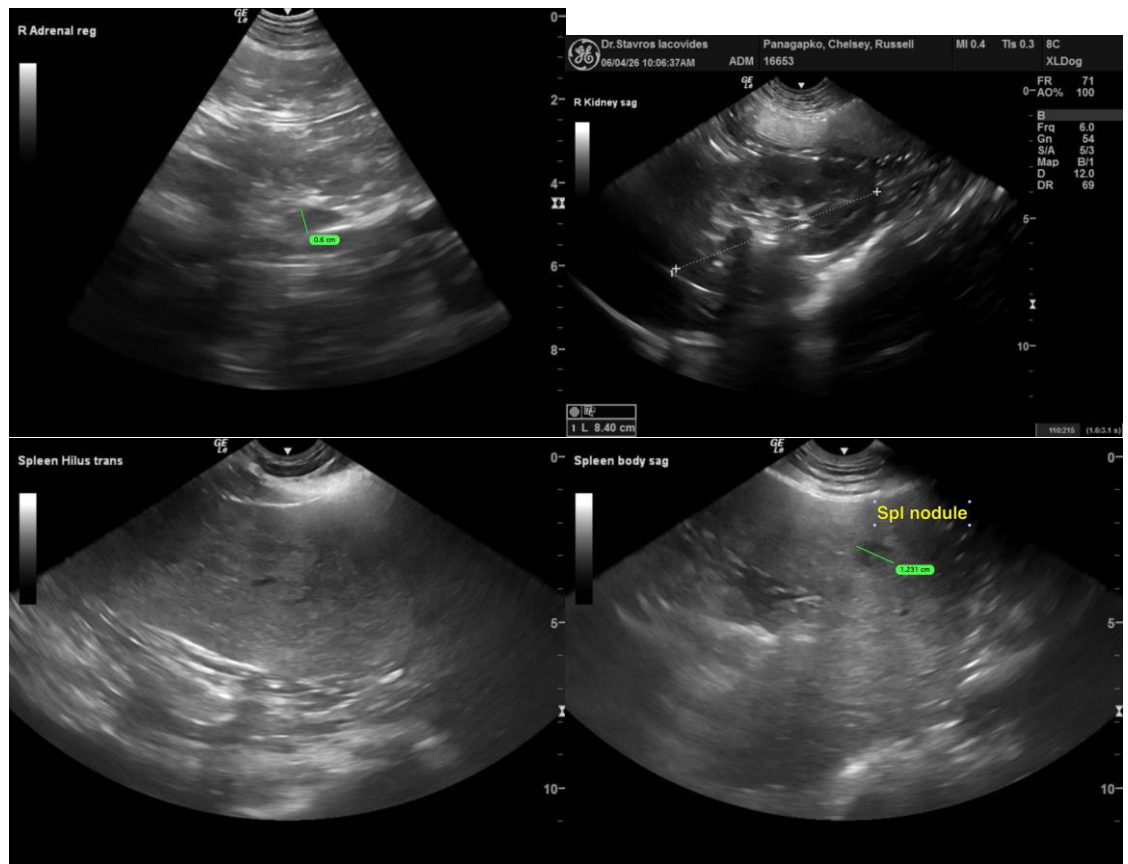
Dr. Pura

## INVOICE

75311

## DATE

6-4-26



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)